

CalVet Women Veterans Conference

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which days are you available for volunteer assignments (indicate all days available)?

<input type="checkbox"/> October 6 th Pre-conference: packing conference bags 3:00-7:00 <i>Ontario Double Tree Hotel</i>	<input type="checkbox"/> October 7 th 6:30-5:00 <i>Ontario Double Tree Hotel</i>
<input type="checkbox"/> October 6 th 6:30pm-9:00 pm <i>Ontario Double Tree Hotel</i>	<input type="checkbox"/> October 8 th 6:30 – 2:45 <i>Ontario Double Tree Hotel</i>

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Packing conference bags (October 6 th)
<input type="checkbox"/> Onsite registration
<input type="checkbox"/> General registration
<input type="checkbox"/> Staff workshops
<input type="checkbox"/> No preference

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please e-mail, mail, or fax the application to the contact information below.

Linda Umberg

Local Interagency Network Coordinator (LINC)

CA Department of Veterans Affairs

San Bernardino and Riverside Counties

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